

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION:	ms		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SE	397	04-25-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	6/13/01
2	10/15/01
3	5/22/02
4	7/26/02
5	2/10/03
6	8/11/03
7	1/5/04
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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